

**Minutes of the Diagnostics Specialties Training Board meeting held at 9:30am on Thursday, 28<sup>th</sup> September 2023 via Teams**

**Present:** Fiona Ewing (FE) **Chair**, Judith Anderson (JA), Ralph Bouhaidar (RBo), Cindy Chew (CC), Kevin Deans (KD), Alan Denison (AD), Mike Digby (MD), Jennifer Duncan (JD), Clair Evans (CE), Raluca Felicia Grigorescu (RFG), Sai Han (SH), Vicky Hayter (VH), Jeremy Jones (JJ), Anna Jarchow-MacDonald (AJM), Stephen Lally (SL), Lorna McKee (LMcK) (Lay Rep), Scott McKinnon (SMcK), Ewen Millar (EM), Dianne Morrison (DM), Leela Narayanan (LN), Alan Ogg (AO), Daire O’Shea (DO), Gordon Reid (GR), Kerryanne Shearer (KS), Divyanka Srivastava (DS) (SAS), Alan Stockman (AS), Magdalena Szewczyk-Bieda (MSB), Laura Thomson (LT), Tricia Yeoh (TY)

**Apologies:** Celia Jackson (CJ), Chris Kelly (CK), Jen MacKenzie (J Mack), Marion Slater (MS), Louise Smith (LS), Sami Syed (SS).

**In attendance (minutes):** June Fraser (JFr) and Zoe Park (ZP).

<b>Item</b>	<b>Item name</b>	<b>Discussion</b>	<b>Agreed/Action</b>
1.	<b>Welcome, introductions and apologies</b>	<p>Apologies were noted. The group introduced themselves and the Chair welcomed all the new members to the committee:</p> <ul style="list-style-type: none"> <li>• Anna Jarchow-MacDonald – TPD Medical Microbiology</li> <li>• Scott McKinnon – SJDC Trainee Representative</li> <li>• Alan Ogg – BMA SCC Representative</li> <li>• Daire O’Shea – TPD West Infectious Diseases</li> <li>• Kerryanne Shearer – TPD Forensic Histopathology</li> <li>• Antonia Torgerson – TPD Neuropathology</li> </ul> <p>FE noted that this would be JFr last meeting and thanked her for her work over the years. ZP will be taking over the administrative support for the STB going forward.</p>	
2.	<b>Minutes of meeting held on 12<sup>th</sup> May 2023</b>	Paper 1 was circulated before the meeting and the minutes were confirmed as a correct record of the meeting.	<b>Agreed</b>
3.	<b>Review of action points</b>	The following action points were discussed:	

		<ul style="list-style-type: none"> <li>Finding a faculty and volunteers for the STEP programme for IMG trainees went well as there was a lot of interest to take part. Unfortunately, there were only two trainees who felt it was appropriate that they attend out of a possible seven. This was discussed at the most recent away day in Dundee and how this should be moved forward and whether it is in fact a good fit for the Diagnostic specialties and the small numbers.</li> </ul> <p>LN noted that she had fed this back to Nitin Gambhir (NG) and the need for a more generic STEP programme and centralised faculty as well as specialty specific was discussed.</p> <p>AD also added that there will be ongoing discussions regarding this at the Advancing Equity Medical Education Group which is chaired by NG.</p> <ul style="list-style-type: none"> <li>FE reached out to the TPDs regarding ultrasound simulations and whether they would be interested in the additional training resource which is based at the Jubilee in Glasgow. There was positive response from both the West and East of Scotland Radiology Training Scheme.</li> </ul> <p>LT confirmed that this is happening, and the feedback has been extremely positive, and trainees are finding it beneficial. SP agreed that the feedback from trainees has been largely positive.</p> <ul style="list-style-type: none"> <li>Lastly, Medical Microbiology had set up a duty room faculty and it was planned to set this up in other Diagnostic specialties. SP confirmed that Radiology in the West are currently piloting and putting together some scenarios. LT confirmed that a trainee is going to complete the scenarios as part of their masters as they have experience in simulation.</li> </ul>	
4.	<b>Matters arising not on the agenda</b>		
4.1	ST1 IR posts in Scotland	FE highlighted that this has been discussed previously at the STB around 18 months ago and that the background is that Radiology trainees usually enter training at ST1 level and then they decided if they want to become Interventional Radiologists. At a later stage in training, they can apply for an IR specific training post, which will mean they will dual CCT in Radiology and IR.	

		<p>However, in England they were keen to pilot going straight into IR at ST1 which would fast-track trainees whilst they are completing their general Radiology training. It was previously decided that this may not have been a good fit for training in Scotland as it is quite rigid, and a trainee might realise that IR training isn't for them. It has been put back on the agenda as this is something that is considering being advertised for August 2024 recruitment.</p> <p>JJ noted that this could be challenging to provide the training to IR trainees if their training is delayed due to MAT leave, exam failure etc as numbers are small.</p> <p>SP agreed and noted that previously Scotland were not in the position to pilot this as they are very good at manoeuvring trainees from one region to another to get adequate IR training. However, the landscape changed slightly when posts remained unfilled in both the West and East of Scotland. Rather than a Scotland wide decision, each region could decide if it suited to advertise as an IR post and provide the basic IR training.</p> <p>JJ also highlighted that if a trainee is in an IR post in ST1 and they still have that interest and pass their exams then they must get a place in IR from ST4-ST6 which could prove to be quite inflexible.</p> <p>LT noted that although the West have had unfilled posts that they would be reluctant to go down this route of training as it is important to ensure that the correct people are in the IR posts.</p> <p>Lastly, MSB expressed that she would be keen to advertise with an IR preference, if possible, as there has been unfilled posts in the East and it's doubtful that this will be filled in R3 recruitment. This would be the preference of the East as they have IR training capacity that is not currently being used. AD noted that Scotland is a single deanery with different training schemes, but the advantages and disadvantages would have to be discussed away from the STB with the senior team, regarding advertising regionally specific rather than Scotland wide.</p>	<p><b>AD/FE to discuss with local APGD.</b></p>
4.2	Study leave: neurodiverse and CIT trainees	FE highlighted that the current study leave budget is quite tight and hasn't necessarily been increased in line with inflation or the increased cost of attending meetings etc as a lot of the colleges for Diagnostics are in London which involves a lot of travel.	

		<p>Discussion arose around the Study budget for CIT and whether the funding for the bootcamp came from another source of funding. CE noted that this was discussed at the most recent STC meeting with Laura MacDonald (Study Leave) to clarify the CIT study budgets and the application process through TURAS.</p> <p>AJM noted the timing for the Study Leave budget runs with the financial year rather than the training year.</p>	
4.3	Funding for CT Colonography course and MM bootcamp	<p>This is something that was offered for free in the past for trainees who were members of the British Society of GI and Abdominal Radiology, but now there is a small fee being introduced. JJ added that there were too many members signing up and it no longer became financially viable to run for free so it was agreed that it would be run as an individual study leave request.</p>	<b>VH will double check if study leave budget is fixed.</b>
4.4	IT for Lothian Radiology trainee on rotation	<p>Issue that has been causing Lothian Radiology trainees some difficulty, due to rotating to district general hospitals in the day but carrying out their on-calls through the night centrally. FE noted that they seem to lose access to their NHS Lothian e-mail accounts as soon as they rotate but still require IT access, which has caused issues with communication. Lesley Metcalfe (LM) confirmed that the placement information on TURAS couldn't be changed so FE has had conversations with the DMEs in Lothian to find a solution to this.</p> <p>LT agreed this also varies for trainees in the West of Scotland. Some have no problem at all when they rotate, and others get their e-mail addresses changed.</p> <p>FE suggested this is revisited at the next STB as this can be disruptive for trainees regarding correspondence from the deanery and the college etc.</p>	<p><b>JJ agreed to investigate this at FV.</b></p> <p><b>ZP will add to agenda for next STB.</b></p>
4.5	Diagnostics STEP	Discussed at the beginning of the meeting.	
4.6	ARCP Outcomes	Papers 2 and 3 from LM were circulated to the members before the meeting.	

		<ul style="list-style-type: none"> <li>• Use of COVID outcomes (10.1/10.2) is coming to an end in September 2023 and will return to solely standard ARCP outcomes.</li> <li>• Results from paper 2 seem typical for the specialty grouping.</li> <li>• Data is a true reflection of what has been discussed at the STB.</li> </ul>	
5.	<b>Main Items of business</b>		
5.1	Deanery update	<p>AD noted the following update:</p> <ul style="list-style-type: none"> <li>• There have been three new Deputy Lead Dean Directors appointed. Marion Slater will be the DLDD for AD and will represent at future STB meetings.</li> <li>• Still awaiting a decision from Scottish Government, regarding the expansion post submissions.</li> <li>• Making good progress towards a whole-time equivalent establishment model rather than head count.</li> </ul>	
5.2	Recruitment update	<p>Paper 4 was circulated to the members before the meeting.</p> <p>SL noted the following update:</p> <ul style="list-style-type: none"> <li>• Round 1 and 2 are now complete and fill rates are included in paper 4.</li> <li>• Round 3 is ongoing and applications closed on the 15<sup>th</sup> August.</li> <li>• CIT Interviews due to take place on the 9<sup>th</sup> and 10<sup>th</sup> October.</li> <li>• A post can be added to the round anytime whilst there are remaining appointable applicants. The recommendation (where possible) would be to have it approved at least a week prior to the upgrade deadline of 31<sup>st</sup> October as this gives applicants the best chance of the geography they prefer.</li> <li>• Key dates for 2024 are included in paper 4.</li> <li>• Applications will open for Round 1 2024 and November for Round 2 2024.</li> </ul> <p>GR asked about double running posts on behalf of LS, as the timescale for double running has been reduced to 1 month. VH noted that cases of double running can be looked at on an</p>	

		individual basis depending on CCT dates and this can be run past senior management to see if this could be granted.	
5.3	Quality update	<p>Paper 5 was circulated before the meeting.</p> <p>MM gave the following update to the group:</p> <ul style="list-style-type: none"> <li>• Recently completed a programme visit to infection training which encompasses CIT, Infectious Diseases, Medical Microbiology, Virology and General Medicine.</li> <li>• This was a national visit across the whole of Scotland, which involved visiting several Health Boards, multiple cohorts of trainees/trainers.</li> <li>• Went well in terms of gaining a better understanding about how things are working across Scotland and feedback has been mainly positive.</li> <li>• Immediate feedback included in paper 5.</li> <li>• Main takeaway was the need to optimise how the different specialties are in communicating and interacting with each other as trainees proceed through training then into consultant posts with dual CCTs.</li> <li>• Report will be shared in due course.</li> <li>• Quality Review Panel due to take place on Tuesday 3<sup>rd</sup> October in Aberdeen.</li> </ul> <p>FE shared a few comments from CK who was unable to attend the meeting:</p> <ul style="list-style-type: none"> <li>• Concerned that there is a mismatch between which jobs are being advertised and what trainees are being trained for.</li> <li>• Asked if the reports could be shared with Health Boards. MM confirmed that there were service representatives in attendance on the day who should be able to feedback.</li> </ul> <p>LM noted that the organisation of the day was excellent and the division of the country into East and West was extremely effective and allowed for people to be candid and enormous disclosure from all participants.</p>	

		Lastly, JD added that it was a very interesting visit and the main points that were raised regarding consultant posts came down to funding and if the funding lay with either Medicine or Diagnostics, which seemed to cause issues if they are being asked to do a bit of both.	
5.4	TPM update	VH thanked everyone for attending the most recent TPD away day which took place in Dundee. Attendance certificates should have been circulated but if there are any issues, please get in touch with VH.  Additionally, VH confirmed that Study Leave haven't received a further budget extension from the Scottish Government, but several specialties have been raising concerns regarding this.	
5.5	Professional Development	No update regarding Professional Development but EDI was left off agenda.  CC noted that there were no specific updates regarding this.	<b>ZP will add ED I to the next STB agenda.</b>
5.6	MDRG update	Next meeting due to take place on Monday 2 <sup>nd</sup> October with the STB chairs.	
5.7	DME update	CK not in attendance but discussed points raised under the Quality update.	
5.8	Royal College update	Bernie Croal (BC) has moved on and a new college representation will be required.  KD noted it may be worth checking with BC about plans for RCPATH representation on the STB as it's often Chair of RCPATH Scottish Council.	<b>FE asked if anyone knows how recruit a new representative, please get in touch.</b>
5.9	Heads of Schools report	<ul style="list-style-type: none"> <li>No report available</li> </ul> <p>LT asked to highlight the issues surrounding the increasing cost of exams and noted that Radiology exams have gone up by 22% in line with inflation, but trainee pay hasn't increased in line with inflation and this may affect the most vulnerable trainees. They will no longer be subsidised by the college, and this will be discussed at the next TPD meeting but would also be useful to have the backing of the STB at this.</p>	<b>FE asked TPDs to gather data on how this is affecting trainees.</b>

		<p>Discussion arose around the best way to escalate these issues such as, the travel, IT issues and expense to trainees. AD noted that he would support a formal approach such as a letter to the college and then a meeting to discuss.</p> <p>Lastly, LT highlighted that any trainees who had a negative experience at their exams to write to the college and initiate feedback.</p>	<p><b>TY agreed to gather information from trainees via a survey.</b></p>
5.10	Specialty and STC reports	<p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>• Nothing additional to add.</li> </ul> <p><b>Nuclear Medicine</b></p> <ul style="list-style-type: none"> <li>• SH noted that training was going well. The current trainee is due to CCT next week and has already secured a consultant post in GGC, Hybrid Radiology and Nuclear Medicine.</li> <li>• There is 1 post for August 2024, but there is one Clinical Radiology trainee who wants to transfer to Nuclear Medicine. Previously, this has not been possible the other way round but since the 2021 Curriculum introduction this is now an option and has been discussed with outgoing TPD.</li> </ul> <p><b>CIT</b></p> <ul style="list-style-type: none"> <li>• No current TPD in post, so nothing additional to add.</li> </ul> <p><b>Medical Microbiology</b></p> <ul style="list-style-type: none"> <li>• AJM asked if TPDs usually have a session within the Quality visits. MM confirmed that it normally depends on the structure of the visit but that when a visit takes place on site the TPD is normally invited along to the Introduction and perhaps the trainer session if they are also a trainer.</li> </ul>	<p><b>VH will liaise with the recruitment team regarding this.</b></p>



		<p><b>Virology</b></p> <ul style="list-style-type: none"><li>• Nothing additional to add.</li></ul> <p><b>Chemical Pathology</b></p> <p>KD gave the following update:</p> <ul style="list-style-type: none"><li>• UK wide interviews will be taking place on Friday, 29<sup>th</sup> September. Scotland will have potentially two posts.</li><li>• Succession planning for the TPD role is currently underway as KD's term came to an end earlier this year.</li></ul> <p><b>Histopathology</b></p> <p>GR gave the following update on behalf of LS:</p> <ul style="list-style-type: none"><li>• There have been some changes to Cervical Cytology teaching. It's a programme that runs nationally but the teaching has been centralised to the West of Scotland. The latest weekly teaching was poorly attended, and it has now been pulled. Induction was carried out recently, but it caused problems for trainees in the North as it took place face-to-face in West of Scotland.</li><li>• Post-mortem training in Dundee has been having some issues and Sarah Muktar is going to meet with forensics to try and work out a solution. CE confirmed that negotiations are ongoing in Dundee.</li><li>• Recruitment for the TPD role in the West is still ongoing and currently on the third round of adverts. FE gave thanks to GR for extended his role to support the programme.</li><li>• FE asked GR if there were still ongoing issues regarding the ePortfolio and the transfer of WPBAs. GR noted that it's not working well but there is a TPD meeting with the college next week where this can be raised.</li><li>• Ongoing building works in the Pathology Department, Aberdeen. They were told that the physical distancing of trainees and consultants may have an impact on training, which they are keen to recognise and minimise. However, 16 consultants and 2</li></ul>	
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5.11	Academic update	AD noted that there is a continuing expansion in medical student numbers in Scotland. There is currently a piece of work ongoing which will highlight what the actual academic workforce	

		needs are in Scotland and to help with that there is currently recruitment for APGDs to help explore the existing SCREDS pathways for academic training and development. In addition to this, working with multiple stakeholders such as Health Boards and Universities to help develop educator pathways.	
5.12	Trainee update	<ul style="list-style-type: none"> <li>• FE highlighted that this would be RFG's last meeting as a trainee representative as she is about to CCT. FE gave thanks for the contribution to the STB and wished her well.</li> <li>• EM highlighted that there are 6 trainees due to CCT in the next 18 months to 2 years and consultancy after CCT and what happens at the end of training is on the minds of trainees. Additionally, feedback from the most recent round of exams was that they ran smoothly and thanked KD and BC for their input.</li> <li>• TY highlighted that trainees are finding themselves having to book exams up to a year in advance and agreed to circulate a survey to trainees highlight the issues surrounding the exams.</li> </ul>	
5.13	Lay Member update	<p>L McK gave the following reflections:</p> <ul style="list-style-type: none"> <li>• TPD away day was incredibly valuable, very well balanced and had excellent speakers.</li> <li>• The complexity of the STEP programme and how to reconfigure it to suit the Diagnostics specialties. Suggested that it could be referred to as induction plus rather than the bootcamp format which may cause sensitivity.</li> <li>• Highlighted the variation in Induction Programmes from place to place. Suggested that there may be a project for trainees to review the content and development of induction programmes to ensure that anything that happens through STEP is unique and differentiated. Additionally, the inclusion of EDI into induction is a huge advance in this area.</li> </ul>	
5.14	SAS update	FE informed the members that DS will be moving on from her role as an associate specialist and gave thanks for her contributions to the STB over the years. FE has had some correspondence with Lynne Meekison regarding a replacement but asked the members if they have any recommendations to get in touch.	

5.15	BMA update	<ul style="list-style-type: none"> <li>• AO noted that the main update was that industrial action was avoided for the Junior Doctors and renegotiations will take place every year. New contracts will be issued to Junior Doctors which may affect the training structure but that this is ongoing.</li> <li>• Discussion arose around PAs in the Diagnostics Specialties. S McK noted that there was some guidance published previously by the UK committee which highlighted that there must be clear mechanisms in place for Junior Doctors to raise concerns about lost training opportunities and take appropriate measures to ensure they get the experience they need.</li> </ul>	
6.	AOB	<ul style="list-style-type: none"> <li>• Replacement required for RFG's Histopathology trainee representative role.</li> <li>• LT highlighted that MD will be replaced by Hazel Halbert (HH) as Radiology West TPD. FE gave thanks to MD for his contributions over the years. Naveena Thomas (NT) will be stepping down as co-TPD of Radiology East at the end of November. FE gave thanks to NT for her contributions to the STB and as TPD. MSB will be continuing as TPD on her own.</li> </ul>	<b>GR/LS/AS to take forward. ZP will add HH to mailing list and send meeting invites.</b>
7.	Date of next meeting	<b>Wednesday, 13<sup>th</sup> December 2023 @ 2:00 pm</b>	
8.	Dates for 2024 meetings	<ul style="list-style-type: none"> <li>• <b>Monday, 12<sup>th</sup> February 14:00-16:00</b></li> <li>• <b>Wednesday, 15<sup>th</sup> May 10:00-12:00</b></li> <li>• <b>Wednesday, 25<sup>th</sup> September 14:00-16:00</b></li> <li>• <b>Friday, 13<sup>th</sup> December 10:00-12:00</b></li> </ul>	